2063154004 TO 15712738300 RECEIVED **CENTRAL FAX CENTER**

SEP 02 2005

PTC/88/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)								
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	MS1 - 1583US								
Application Number 09/411,171	Filed 10/1/1999								
For Windows Radio Toolbar									
Art Unit 2173	Examiner Cao H. N	lguyen							
This is a request under the provisions of 37 CFR 1.136(a) to extend the period application.	d for filing a reply in the	ne above identified							
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
Fee	Small Entity Fee								
One month (37 CFR 1.17(a)(1)) \$120	\$60	\$							
Two months (37 CFR 1.17(a)(2)) \$450	\$225	\$450							
Three months (37 CFR 1.17(a)(3)) \$1020	\$510	\$							
Four months (37 CFR 1.17(a)(4)) \$1590	\$795	\$							
Five months (37 CFR 1.17(a)(5)) \$2160	\$1 080	\$							
Applicant claims small entity status. See 37 CFR 1.27.									
A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to charge fees in this a	pplication to a Depo	sit Account.							
The Director is hereby authorized to charge any fees which may	be required, or credi	t any overpayment, to							
Deposit Account Number 12-0769 . I have WARNING: Information on this form may become public. Credit card inform	-	te copy of this sheet.							
Provide credit card information and authorization on PTO-2038.	adon should not be me								
Law the Control of th									
I am the applicant/inventor.	-D 0 74								
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).									
attorney or agent of record. Registration Number_									
attorney or agent under 37 CFR 1.34. Registration number 1 active junger 37 CFR 1.34	46175								
-1-DD CM//-	9-1-	2005							
Signatur		Date 315-4001 rone Number							
Tim R. Wyckoff	206-315-4001								
Typed or printed name	Telephone Number								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their represent aignature is required, see below.	ative(s) are required. Submi	t multiple forms if more than one							
Total of forms are submitted.		י מושו שייים היים היים היים היים היים היים היי							
This callection of Information is required by 37 CFR 1.136(a). The Information is required to obtain or JSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 a somplete, including gathering, preparing, and submitting the completed application form to the USPT comments on the amount of time you require to complete this form and/or suggestions for reducing to J. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, No FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, No.	nd 1.14. This collection is an O. Time will vary depending his burden, should be sent to 2313-1450. DO NOY SEND	o which is to file (and by the stimated to take 6 minutes to a upon the individual case. Any o the Chief Information Officer,							

This collection of Information is required by 37 CFR 1.139(a). The information is required to obtain or retain a benefit by the public which is to fid (and by the USPTO to proceas) an explication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petert and Trademark Office, U.S. Department of Commerce, P.O. 6ox 1450, Alexandria, VA 22313-1450. ON NY SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

SEP 0 2 2005

PYO/SE/17 (12-04)
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Under the Peners	ork Reduction Ar	t of 1995 n	o nemona are reculted	to respor	vi to a onlinetin				alid OMB r	unity (utino	itar
FEE TRANSMITTAL For FY 2005				B).	Complete if Known						
				I AI	Application Number 09/411,171						
				- FI	ing Date		10/1/1999				
				Fi	st Named In	ventor					
Applicant claims small entity status. See 37 CFR 1.27					aminer Nam	0	Cao H. N	guyen			
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TOTAL AMOUN	T OF PAYMEN	T (\$) 4	150.00	At	tomey Docke	t No.	<u> MS1 -</u>	1583US			
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please Identify):											_
Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filling fee											
Charge any additional fee(s) or underpayments of fee(s)											
under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization on PTO-2036.											
FEE CALCUL											
1. BASIC FILIN	IG, SEARCH	, AND EX	(AMINATION FEE			FVAI	//NIAT/AN				
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Application 1		ee (\$)	Fee (\$) Fe	e (\$)	Fee (\$)	Fee	(<u>5)</u> <u>Fee</u>	(\$)	Foos P	aid (\$)	
Utility		00		00	250	200		-			
Design		900		00	50	130		_			
Plant		200		00	150	160	_	=			
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2. EXCESS CL	AIM FEES				•				Fee (\$)	Small En Fee (\$	
Fee Description Each claim over	r 20 or. for Re	eissues, e	ach claim over 20	and m	ore than in (the orig	inal paten	t	50	25	
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Multiple depend	dent claims								360	180	
Total Claims 21 Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 21 -20 or pe = 0 x 50 = 0.00 Fee (\$) Fee Paid					(5)						
HP = highest num	aber of total claim	s paid for, if					- 141	,	17.		
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			$\frac{200}{100} = \frac{3}{100}$								
3. APPLICATION	ON SIZE FEE	•		_							
If the specific	ation and dra	wings ex	ceed 100 sheets of	paper,	the applica	tion siz	e fee due	is \$250 (\$12	5 for sn	nall entit	y)
for each a		tra Sheets	fraction thereof. S	ec 33 l	dditional 50	KIX(G)	ana 37 Ci on thereof	Fee (\$)	Fee	Pald (\$)	1
TOTAL SHEET	<u></u> -100 ≈	MA OHOCK	_ / 50 =	(n	ound up to a	whole n	ımber) x		_• =		-
4. OTHER FEE	 (\$)								Fees Paid (\$)		
Non-Englis	h Specification		0 fee (no small ent		count)						
Other: Extension for response within second month						450.00					
SUBMITTED BY											
\$ignature	-/-7	77	itt	Rec	istration No.	46175	,	Telephone (206) 319	5-4001	
							-2005				

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